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To:	Company:	Fax Number:	Tel Number:
Examiner: Vincent Lai	U.S. Patent and Trademark Office	571 - 273 - 8300 Art Unit 2181	

From: Dariush G. Adli
Date: November 13, 2006
Time:
Total number of pages incl. cover page:

For internal purposes only: Please Return Fax to Rosa V.
Client number: 81751.0061
Attorney billing number: 5214
Confirmation number:

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MESSAGE:

RE: U.S. Patent Application Serial No.: 10/601,005; Our Ref. 81751.0061
I hereby certify that the following documents:

- Request for Continued Examination (RCE).
- Petition for Extension of Time with three month Extension Fee (less one month)

November 13, 2006
Date of Deposit


Firoozeh Vakilzadeh

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

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WLA - 081751/000061 - 328622 v1

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FORM PTO-1083

Attorney Docket No. 81751.0061
Customer No.: 26021

NOV 13 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Makoto Kudo

Serial No: 10/601,005

Confirmation No.: 5768

Filed: June 20, 2003

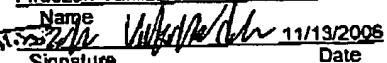
For: DATA PROCESSING DEVICE AND
ELECTRONIC EQUIPMENT

Art Unit: 2181

Examiner: Vincent Lai

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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450, on November 13, 2006

Date of Deposit
 Firoozeh Vakilzadeh

Name 
 Signature 11/13/2006 Date

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below:

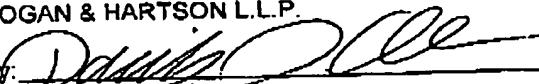
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	18	-	20	--	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS							
LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180							
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)							
\$250 FOR EACH ADDITIONAL 50 SHEETS							
Independent Claims: 1 AND 2							
TOTAL							

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge the fee of \$ _____ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Please charge the fee of \$900. for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By: 

Barisheh G. Adli

Registration No. 51,386

Attorney for Applicant(s)

Date: November 13, 2006

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